

FILED MAY 18 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

14842

01509

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No.

| | | | |
|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Camden</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Bedford</u> | |
| b. CITY OR TOWN <u>Adair township</u> | | c. CITY OR TOWN <u>Wichita</u> | |
| c. LENGTH OF STAY in this place <u>6 hours</u> | | 8150 | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>Pine Cove Lumber Co.</u> | | d. STREET ADDRESS (If rural, give location) <u>10901 E Kellogg</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> b. (Middle) <u>E</u> c. (Last) <u>Pickering</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 8-1955</u> | |
| 5. SEX <u>male</u> | 16. COLOR OR RACE <u>wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Feb 1-1914</u> |
| 10a. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Boeing Airplane</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cincinnati Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Alex W Pickering</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nella Kainer</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Frieda Schneider</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | |
| 16. SOCIAL SECURITY NO. <u>453-07-8644</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Frieda Pickering</u> ADDRESS <u>as above</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>(drowning) suffocation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>capsized boat in deep water</u> DUE TO (c) <u>unable to swim</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intoxication</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>E850X</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Adair T. Camden Co Mo</u> | |
| 21a. ACCIDENT SUICIDE HOMICIDE <u>accident</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Adair T. Camden Co Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 8-1955 8:20 a.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? <u>4 men in boat (small) 3 in 1 end - fell into water - went down</u> | | 22. I hereby certify that I attended the deceased from <u>May 8, 1955</u> , to <u>May 8, 1955</u> , and that death occurred at <u>8:20 a.m.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) <u>Abbie Bankson Woolley</u> <u>Coroner</u> | | 23b. ADDRESS <u>Camden Mo</u> | |
| 23c. DATE SIGNED <u>May 8-55</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>May 8-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Wichita Kans</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson Woolley</u> ADDRESS <u>Wichita Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>May 12-1955</u> | | REGISTRAR'S SIGNATURE <u>Alma R. Eldred</u> | |

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2488

P. O. Address Cambridge, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.